

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-317)

484974

11/8/00

CLAIMS

	AS FILED		AFTER SEARCH/DOCKET		AFTER EXAMINATION										
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
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Total	4						Total	4							